SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 30 / 34
				(check only one)
				X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
۸r	ay information copied from such Poperts and Str	atomonte may	y not be cold or used by any perce	
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full)				
CME/PAC, CHICAGO MERCANTILE EXCHANGE INC. PAC				
A .	Full Name (Last, First, Middle Initial) Linda Schwartz			Date of Receipt
Α.	Mailing Address 2424 Greenwood Ct.			M M / D D / Y Y Y Y
	Mailing Address 2424 Greenwood Ct.			04 10 2007
	City		Zip Code	Transaction ID: SA11A1.13537
	Glenview	IL	60025	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		5000.00
	Name of Employer Self-Employed	Occupation Psycholo		7
	Receipt For:		Year-to-Date ▼	
	Primary General	33 -5		1
	Other (specify) ▼		5000.00	
	-			*
В.	Full Name (Last, First, Middle Initial) Donald Serpico			Date of Receipt
	Mailing Address 2251 Creekwood			M M / D D / Y Y Y Y
				04 10 2007
	City	State	Zip Code	Transaction ID: SA11A1.13547
	Mundelein	IL	60060	Amount of Each Receipt this Period
	FEC ID number of contributing			1000.00
	federal political committee.	C		1000.00
	Name of Employer CME, 20 S. Wacker Dr., Ch-	Occupation	1	7
	CME, 20 S. Wäcker Dr., Ch- icago	Managing	g Director	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	1 1	1000.00	1
	Other (specify) ▼		1000.00	
_	Full Name (Last, First, Middle Initial)			
C.	Robert Sippel			Date of Receipt
	Mailing Address 26 N. Lincoln			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City	State	Zip Code	Transaction ID: SA11A1.13641
	Lombard	IL	60148	Amount of Each Receipt this Period
	FEC ID number of contributing			500.00
	federal political committee.	С		500.00
	Name of Employer CME, 20 S. Wacker Dr., Ch-	Occupation		
	icago		ity Trader	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify)		500.00	
_				
				0500.00
SUBTOTAL of Receipts This Page (optional)				
\vdash			<u> </u>	-

TOTAL This Period (last page this line number only)